

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

74 County Podaway
Township Park
City..... (No..... St..... Ward)

Registration District No. 625
Primary Registration District No. 5827

File No. 9451
Registered No. 31

2. FULL NAME

Clarinda Mercer

(a) Residence. No..... St..... Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Washington Mercer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 20 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>83</u>	<u>11</u>	<u>28</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co Ill

10. NAME OF FATHER Reason Hilton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Sarah Clapp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT ab Mercer
(Address) Maryville Mo

15. FILED Mar 19 32 Mamie E. Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 18 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 27 1932 to Mar 18 1932 that I last saw her alive on Mar 18 1932 and that death occurred, on the date stated above, at 4-45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11B
11B 97 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) atheroma of great
Blood Vessels (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH no DATE OF (1)

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical
(Signed) K. C. Cummings M. D.
. 19 (Address) Maryville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill E. of City DATE OF BURIAL 3/20 1932

20. UNDERTAKER F. J. ... ADDRESS ...

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 26 1932

Atherona

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